

placenta was removed, and there was no hæmorrhage nor any prominent symptom, save a severe gastric pain which lasted several days, and added greatly to the discomfort and exhaustion already present. Under the administration of suitable tonics and light nourishing food, the patient made a good recovery. She is still in the Institution and enjoys excellent health.

The causes of eclampsia have been for a long time, and are even now, a subject of much speculation; and, although much has of late years been done by eminent physicians to ascertain their real nature, the theories promulgated as to their origin and *modus operandi* require further illustration to make them acceptable to the most thoughtful of the medical profession. It is not surprising, therefore, that some have looked upon the supposed causes as so many effects of an unknown mental or physical potentiality, generating by impression in the system, and having acquired dynamic energy, causing slowly or speedily the convulsions and their morbid accompaniments. I am inclined to believe there is much truth in this theory, and that the case adduced is one that goes to prove the existence of some such agency. The comparative absence of premonitory symptoms; the susceptibility of the system from the uterine state to impressions; the predisposition through alcoholism to neuroses; the unwarranted abuse received, and the previous good health of the patient, all point to this conclusion. Fear, independently of any physical state, is known to be the exciting cause in many cases of epilepsy, and it is probable that in this instance its effect on the nervous system was the most important factor in causing the "machinery of life", already in a state of unstable equilibrium, to run riot. Doubtless, the previous intemperance of the patient had greatly predisposed her system to epileptiform convulsions, which are well known to result from excessive drinking. There are at present in this asylum cases which conclusively prove that alcohol, in addition to its other baneful effects, is potent enough to cause such seizures.

The treatment of eclampsia must respect the cause of the disorder, whether it be albuminuria, uræmia, hydræmia, or anæmia, and take cognisance of the diathesis and development of the patient. It must remove, if possible, all sources of moral, mental, or physical irritation, and aim at success without resorting to empiricism.

In the case described, chloroform did much to ward off the fits; but it was second in importance to chloral-hydrate, which I think worthy of the strongest recommendation. The tincture of the perchloride of iron was fairly tried and found wanting as a special curative agent. The bowels and bladder were attended to, and all known sources of irritation, except the uterine, removed. The dietetic treatment consisted chiefly of milk and beef-tea, on which the patient almost exclusively lived during the acme of her illness. When convalescence commenced, stronger food was cautiously used, and continued until an ameliorated condition justified a recurrence to the ordinary asylum diet.

INTESTINAL OBSTRUCTION, WITH STERCORACEOUS VOMITING, TREATED BY LARGE DOSES OF OPIUM, FREQUENTLY REPEATED.

By HERBERT JUNIUS HARDWICKE, M.D., Sheffield.

R. T., A MARRIED, healthy looking, and stoutly built man, about forty years of age, called at my surgery on the morning of October 18th, and complained of a severe pain in the abdomen, which commenced early in the morning of that day. For four days previously, he had been taking purgative medicines from a druggist, but could not get his bowels to respond to them. He requested me to give him some medicine to open his bowels, or he should die from the pain. I sent him home, with strict orders to go to bed and foment his bowels with hot water flannels, and to have an injection of one pint of warm gruel at once; and gave him six pills, of one grain of calomel and half a grain of opium in each, to take one every second hour until he was relieved from pain. I was at the time due at a labour-case, and promised to see him as soon afterwards as I could. The same evening, I called to see him, and found that he had not had a motion, and that the pain was worse. His face was pale; his countenance anxious; pulse 80; tongue coated; he had sickness, but no vomiting. The abdomen was distended with tympanites, and there was pain referred to the right iliac region more particularly. I ordered a continuance of the fomentations and a repetition of the enema, which latter was returned with no fecal admixture whatever. One grain of opium pill was now given to him every two hours. I saw him again early the next day (October 19th), and found him much worse; tongue dry and brown; pulse nearly imperceptible. The pain was greatly increased, and more generally over the abdomen; he had sickness and vomiting. I gave

him brandy and water, and ordered him to continue taking the pills every second hour. I saw him again in the evening with a neighbour practitioner, who recommended an increase in the quantity of the opium. I accordingly gave him one grain every hour, and brandy and water regularly. The vomited matter was now decidedly of a stercoraceous character, and the pain excessive; and the patient seemed inclined to sink. On calling to see him next morning (October 20th), I found he had been vomiting fecal matter incessantly during the night, and had been exceedingly full of pain. Whilst I was there, however, after a severe attack, the vomiting nearly entirely ceased; and just then the patient informed me that he thought the fomentations had moved the obstruction, as he felt greatly relieved. I at once, acting upon his own suggestion, ordered an enema to be administered, which, to my great satisfaction and the patient's intense relief, was returned in company with three or four hard pieces of feces, like black marbles. Shortly afterwards, he passed a large, dark-coloured, offensive stool, and from that time continued to improve. The pain gradually subsided, and the patient, in two or three days, was able to sit up and take food.

This case, to my mind, clearly proves the efficacy of opium in large doses, and frequently administered, in cases of intestinal obstruction. The obstruction here was clearly caused by the abuse of purgative medicines, which were administered by an incompetent person, who represented to the patient that he was qualified to practise; and opium was the cure. It appears to me that the value of opium in these cases is not sufficiently appreciated, at least in this country. I believe that in Germany the treatment I adopted in this case is pretty generally followed. I once heard a celebrated professor in one of the German universities say that more harm than good was often done in cases of intestinal obstruction by too much interference on the part of the medical attendant, especially in England. Of course, there are many cases of intestinal obstruction which demand prompt interference, in order to save the life of the sufferer; but many of such cases require operations, such as gastrotomy, from the mere fact that the previous treatment has been injurious, or, in other words, because the medical attendant has "done too much", instead of allowing Nature, assisted by opium, to overcome the difficulty. Too much interference in these cases is worse than if the patient had been left entirely to the care of Nature. I think it must be admitted that opium, given in full doses and often repeated, is the remedy—and the only remedy—in cases of intestinal obstruction. It might perhaps be urged that the large amount of opium given in such a short time would be injurious. I can only say that this man took, from six o'clock in the evening of the 18th to the same time on the 19th, thirteen grains; and from then until eleven o'clock in the morning of the 20th, seventeen grains; in all, thirty grains in forty-one hours, without the slightest sign of narcotism whatever.

SOME FURTHER CONSIDERATIONS IN RELATION TO LIFE-INSURANCE.

By ARTHUR S. UNDERHILL, B.A., M.B., Tipton.

I HAVE read with much pleasure the article by Dr. Thomas, in the JOURNAL of June 17th, on "Suppuration of the Middle Ear in relation to Life-Insurance". I know that each specialist must have his own hobbyhorse; but if we, as ordinary medical examiners, are expected to ask questions, or critically examine each organ or cavity separately, ours would not be an easy task, and there are few lives we could recommend as absolutely safe, and not doubtful in some part. It is a good plan to adopt the rule which is followed by some insurance offices, viz., that of having the candidate examined by the medical referee for the district, and of having a separate private report from the ordinary medical attendant of the candidate, as there are some diseases of which only the "family doctor" is cognisant, and an account of which no amount of cross-examination on the part of the medical referee will elicit; I refer particularly to syphilitic affections and uterine diseases. *Apræpos* of this, I will refer to a case now *sub judice*, which has come under my own observation. Some three years ago, Mrs. T. asked me to attend her in her confinement. She stated that she had had several "losses" which had, however, ceased before becoming serious. She was expecting daily; the same evening I was hurriedly sent for as my patient was flooding; I found her blanched, almost pulseless, and lying in a pool of blood. On making a digital examination, I expected to find placenta prævia, but what was my surprise to find a large ulcer with ragged indurated edges, implicating the whole anterior part of the os and cervix uteri, bleeding freely, and breaking up when touched. The os was slightly patent posteriorly; in a short time the hæmorrhage